PTO/SB/06 (08-00)
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PATENT APPLICATION FEE DETERMINATION RECORD							Application or Docket Number					
FAIENT AFFEIGATION FEEDETERMINATION RECOR						10/046800						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALLENTITY OR SMALLENTITY					
FOR		NUMB	NUMBERFILED		NUMBER EXTRA		TE	FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))							s <u>370</u>	OR		s	
(37)	ALCLAIMS FR 1.16(c))	54	minu	20 = 34	· 34		_=	306	OR	x \$=		
	EPENDENTCLA FR 1.16(b))	AIMS 1	min	ıs 3 - 0	0		_=	0	OR	x=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CPR 1.16(4))						+ <u>0</u>	_=	0	OR	+=		
* If the difference in column 1 is less then zero, enter "0" in column 2							TAL	676	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SM	ALLE	ENTITY	OR	OTHER T SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	· 54	Minus	** 54	- /	x \$_	_=_		OR	x \$=		
	Independent (37 CFR 1.16(b))	* 1	Minus	··· 3	=	x=			OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(d))						=		OR	+ - _		
d"1		(column 1) (Column 2) (Column 3)				TC ADDIT.	TAL FEE		OR _A	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ΛTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR) 16(e))	•	Minus	••	-	x \$= x=			OR OR OR	x \$ =		
	Independent (37 CFR 1.16(b))	•	Minus	•••	= .					×=		
		SENTATIONOFM	ULTIPLEDE	PENDENTCLAIM	(37 CFR 1.16(d))	+_	_=		OR	+=		
	(column 1) (Column 2) (Column 3)						TAL FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	(C) (May)	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$			OR OR	x 5 =		
	Independent (37 CFR 1.16(b))	•	Minus	***	=	×_	_=		OR OR	x =		
 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(4))								OR	+=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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